Student Disability Center

54 Cowell, UC Davis (530) 752-3184 voice (530) 752-0161 fax

SEMESTER NOTETAKER STIPEND

\$37.50 PER UNIT

| Semester Year |
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You will be paid \$37.50 per unit if you provide notes for a class for the entire semester. This stipend covers all copying costs. If you are providing notes for two students in the same class, you will receive the stipend plus an additional \$37.50 to cover the extra copying costs. You are responsible for having the SDC student(s) initial below, certifying that they have received notes for each week of the class. You, and the SDC student(s), must sign this form after you agree to provide notes. Return this form to the SDC before the end of finals week to receive payment (submit in person or scan and email to sdc@ucdavis.edu). Late timesheets will delay payment.

| (Submit in person of scan and email to succededavis.edd). Late timesneets will delay payment. | | | | | | | | | | |
|--|------------------------|---------|----------|-------------|-----------|-------------|---------------|-------|----------|----------|
| Please print c | learly in bl | ue or b | lack inl | k. | | | | | | |
| Notetaker's Name | | | | | | | Soc. Sec. # | | | |
| NASSISSE A Alabasa | _ | | | | | | | | NOT UCD | ID# |
| Mailing Address Street or PO Box City | | | | | | City | | State | e Zi | p |
| Phone | | | | -Mail | | | | | | |
| UCD Employee? ☐ No ☐ Yes – Home Dept. & Phone | | | | | | | | | | |
| Standing: | Undergrad | ı 🗆 | Grad | ☐ Law | | Vet | ☐ Med | | Non Stud | lent |
| List all classes with their unit values for which you are providing notes. The SDC student(s) must certify receipt by recording the total number of weeks they received notes along with their initials for each class. Payment will not be processed if this information is incomplete. | | | | | | | | | | |
| Course Abbr/Nar | me of Class | Units | SDC S | Student's N | ame (list | all student | s receiving r | otes) | # of wks | Initials |
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| WE AGREE TO THE TERMS ABOVE. | | | | | | | | | | |
| Notetaker Signature: | | | | | | | D | ate: | | |
| SDC Student Signature: | | | | | | | D | ate: | | |
| | Printed: _ | | | | | | | | | |
| SDC Student Signature: (if second student) Printed: | | | | | | | | | | |
| | | | | | | | | | | |
| | ntry Date: omments: | | | Initials: | | Record | # | | | _ |